

# INSTRUCTIONS FOR APPLYING FOR DENTAL HYGIENE LICENSURE BY EXAMINATION

**Indiana will accept passing results of NERB, WREB, ADEX, CRDTS, and SRTA to meet clinical examination requirements for licensure.**

You will need the following:

1. Application for licensure. Download the [Application for a License to Practice Dentistry or Dental Hygiene](#).
2. The following statutes and rules:
  - a. Title 828 IAC - Rules of the Indiana State Board of Dentistry.  
<http://www.state.in.us/legislative/iac/title828.html>
  - b. Indiana Code 25-13 & 25-14, Indiana Dental and Dental Hygiene Practice Acts.  
<http://www.ai.org/legislative/ic/code/title25/ar13/index.html>;  
<http://www.ai.org/legislative/ic/code/title25/ar14/index.html>
  - c. Indiana Code 25-1-9, Standards of Practice.  
<http://www.ai.org/legislative/ic/code/title25/ar1/ch9.html>
  - d. Title 410 IAC 1-3 and 1-4, rules on Infectious Wastes and Universal Precautions.  
<http://www.state.in.us/legislative/iac/title410.html> (Note: **you will only be tested on sections 1-3 and 1-4, not the entire Title 410.**)
3. A [certificate of completion](#), which is located on this web site.

## **SEND YOUR COMPLETED APPLICATION AND YOUR FEE PAYABLE TO THE PROFESSIONAL LICENSING AGENCY TO:**

DENTAL GROUP  
PROFESSIONAL LICENSING AGENCY  
402 WEST WASHINGTON STREET, ROOM W072  
INDIANAPOLIS, INDIANA 46204

## **YOU MUST SUBMIT THE FOLLOWING:**

1. Complete, typewritten (or legibly printed) application. Remember to sign the application affirmation and Authorization for Release of Information.
2. Application fee of \$100. Please make your check or money order payable to the Professional Licensing Agency. Applications submitted without the application

fee will be returned.

3. Two recent passport type quality photographs, one of which **must be signed**.
4. A notarized copy of marriage certificate or legal name change certificate, if your name differs from that on any of your documents.
5. A copy of your **current, signed** CPR card. Take a refresher course if your card is about to expire.

**YOU MUST CAUSE THE FOLLOWING TO BE SUBMITTED:**

1. A notarized copy of diploma or a certificate of completion from your dental school. (See Certification of Completion form).
2. An official copy of your dental school transcript. This must be sent directly from your professional school to the Indiana State Board of Dentistry.
3. An official National Board final grade card (indicating successful completion). The telephone number of the National Board office is 312-440-2811.
4. An official score report from one of the regional clinical licensure examinations: NERB, CRDTS, WREB, SRTA, or ADEX CIF.
5. ***If you currently hold, or have held a license in another state***, a completed State Verification form(s). (See Verification of State Licensure form). You must send the forms to all state where you have been, or are currently licensed in any health profession. Other jurisdictions may charge a fee to verify licensure; you may wish to contact them to see if such a fee is required.

In compliance with IC 4-1-6, this agency is notifying you that you must provide the requested information or your application will not be processed. You have the right to challenge, correct, or explain information maintained by this agency. The information you provide will become public record. Your examination scores and grade transcripts are confidential except in circumstances where their release is required by law.

Your social security number is being requested by this state agency in accordance with IC 4-1-8-1. Disclosure is mandatory, and your application cannot be processed without it

PLEASE NOTE: APPLICATIONS AND DOCUMENTATION WILL NOT BE RETURNED TO YOU. ***FEES ARE NOT REFUNDABLE.***

All applicants will be examined on the statutes and rules of Indiana related to the practice of dentistry and dental hygiene, universal precautions, and infectious wastes. This is a 50 question true-false and multiple-choice examination. Passing criteria is 75%.

The examination is based on the following documents (compilation included in packet):

IC 25-13 Dental Hygiene Law  
IC 25-14 Dental Law  
IC 25-1-9 Professional Licensing Agency Standards of Practice  
Title 828 IAC Dental and Dental Hygiene Rules  
Title 410 IAC 1-3 and 1-4 Universal Precautions and Infectious Waste

**Law examinations are administered in the Conference Center of the Indiana Government Center South Building, 302 West Washington Street, Indianapolis, Indiana. Law examinations are given at least twice a month, usually the second and fourth Tuesdays.**

### **INTERN PERMIT INSTRUCTIONS**

**PLEASE NOTE: APPLICATIONS AND DOCUMENTATION WILL NOT BE RETURNED TO YOU. FEES ARE NOT REFUNDABLE BY LAW (IC 25-1-8-2(e)).**

1. Submit Application for a Dental Hygiene Permit.
2. The application forms must be complete and typewritten or printed legibly. Return the completed application and all documentation to the  
Professional Licensing Agency  
402 W. Washington Street  
Room W072  
Indianapolis, Indiana 46204
3. Applicants for an intern permit must submit verification of employment/residency on the form provided.
4. Submit the application fee of fifty dollars (\$50.00) made payable to the Professional Licensing Agency. If you are also applying for licensure, you must submit the appropriate application fee.
5. Submit a notarized copy of your diploma or a certificate of completion from your dental hygiene school.
6. Submit an official copy of dental hygiene school transcripts. Transcripts must be sent directly from your professional school to the Indiana State Board of Dentistry c/o the Professional Licensing Agency.
7. Submit an official National Board final grade card (indicating all sections passed). The telephone number of the National Board office is 312-440-2811.
8. Submit a notarized copy of a marriage certificate or legal name change certificate, if your name differs from that on any of your documents.
9. Submit completed State Verification form(s). You must send the forms to all states where you have been, or are currently licensed. **All applicants for an intern permit who are now, or have been, licensed in any health care profession in another state must submit this form.**
10. Submit a copy of a **current, signed** CPR card.
11. Submit two recent passport **type** quality photographs.

12. Questions regarding your intern permit application should be directed to 317-234-2057 or pla7@pla.in.gov.

The Board may, at its discretion, issue a *dental hygiene intern permit to any person to whom it has not issued a license, but who is a graduate of a dental hygiene school recognized by the board and is otherwise qualified to take the regular examination for licensure*. An applicant for a dental hygiene intern permit shall furnish to the board satisfactory evidence that the applicant has been:

- (1) appointed to a dental hygiene internship in a hospital, or similar institution operated under the laws of the State of Indiana; or
- (2) employed as:
  - (A) an instructor in a dental hygiene school recognized and approved by the Indiana State Board of Dentistry; or
  - (B) a teacher or operator in a clinic in a public or parochial school, college or university.

Any person receiving a dental hygiene intern permit may practice dental hygiene only in a hospital or other institution designated in the permit and only under the direction of a licensed dentist who is a member of the dental staff of the hospital or other institution. The intern's practice shall be limited to bonafide patients of the hospital or other institution. The permit is not valid for work in a private practice.

**The permit is valid for only one (1) year from the date of issuance and is renewable at the discretion of the board upon the payment of a fee of twenty-five dollars (\$25.00). The Board may recall the permit at any time.**

***You are responsible for notifying the board if you wish to renew your permit.***

***Mandatory disclosure of U.S. Social Security Number***

*Pursuant to Section 7 of the Privacy Act of 1974, you are hereby given notice that disclosure of your U.S. Social Security number on this application is mandatory for the purpose of complying with IC 25-1-5-8 and IC 4-1-8-1 which provide that the Indiana Department of Revenue may obtain Social Security numbers from the Professional Licensing Agency for tax enforcement purposes. In addition, disclosing such number is mandatory in order for the Indiana State Board of Dentistry to comply with the requirements of the federal National Practitioner Data Bank and the Healthcare Integrity and Protection Data Bank 42 U.S.C. §1320(a)-7e(b), 5 USC §552a, 45 CFR Part 60.1, and 45 CFR Part 61.*

*Failure to disclose your U.S. social security number will result in the denial of your application. Application fees are not refundable.*